

Core Services Taxonomy 7 Comparison Table (02-21-2005)

Core Services Taxonomy 6 (May 12, 2004) Categories and Subcategories	Proposed Core Services Taxonomy 7 Categories and Subcategories	Proposed Unit of Service
1. Emergency Services*	1. Emergency Services*	Service Hour ^a
2. Inpatient Services *	2. Inpatient Services *	Bed Day
a. Medical/Surgical Care (State Facility)	a. Medical/Surgical Care (State Facility)	Bed Day
b. Skilled Nursing Services (State Facility)	b. Skilled Nursing Services (State Facility)	Bed Day
c. ICF/MR Services (State Facility)	c. ICF/MR Services (State Facility)	Bed Day
d. ICF/Geriatric Services (State Facility)	d. ICF/Geriatric Services (State Facility)	Bed Day
e. Acute Psychiatric or Substance Abuse Inpatient Services	e. Acute Psychiatric or Substance Abuse Inpatient Services	Bed Day
f. Community-Based Substance Abuse Medical Detox Inpatient Services	f. Community-Based Substance Abuse Medical Detox Inpatient Services	Bed Day
g. Extended Rehabilitation Services (St. Facility)	g. Extended Rehabilitation Services (SF)	Bed Day
3. Outpatient and Case Management Services	3. Outpatient Services *	
a. Outpatient Services*	a. Outpatient Services	Service Hour ^a
b. Intensive In-Home Services	Included in 3.a.	
c. Motivational Treatment Services	Moved to Limited Services	
d. Methadone Detoxification Services	b. Opioid Detoxification Services	Service Hour ^a
e. Opioid Replacement Therapy Services	c. Opioid Treatment Services	Service Hour ^a
f. Case Management Services *	Moved to new category below	
g. Intensive Community Treatment	d. Assertive Community Treatment	Provider Service Hour
h. Consumer Monitoring Services	Moved to Limited Services	
	4. Case Management Services *	Provider Service Hour
4. Day Support Services*	5. Day Support Services*	
a. Day Treatment/Partial Hospitalization	a. Day Treatment/Partial Hospitalization	Day Support Hour
b. Therapeutic Day Treatment for C&A	Included in 5.a.	
c. Rehabilitation	b. Rehabilitation/Habilitation	Day Support Hour
	6. Employment Services	
d. Sheltered Employment	a. Sheltered Employment	Day of Service
e. Supported Employment – Group Model	b. Group Supported Employment	Day of Service
f. Transitional or Supported Employment	c. Individual Supported Employment	Provider Service Hour
g. Alternative Day Support Arrangements	Included in 5.b.	
5. Residential Services *	7. Residential Services *	
a. Highly Intensive Residential Services	a. Highly Intensive Residential Services	Bed Day
b. Intensive Residential Services	b. Intensive Residential Services	Bed Day
c. Jail-Based Habilitation	c. Jail-Based Habilitation Services	Bed Day
d. Supervised Residential Services	c. Supervised Residential Services	Bed Day
e. Supportive Residential Services	d. Supportive Residential Services	Provider Service Hour
f. Family Support	Included in any service it is delivered in ^b	
6. Prevention and Early Intervention Services*	8. Prevention and Early Intervention Services*	
a. Prevention Services	a. Prevention Services	Provider Service Hour
b. Early Intervention Services	b. Early Intervention Services	Provider Service Hour
	9. Limited Services ^c	
	a. SA Social Detoxification Services	Bed Day
	b. SA Motivational Treatment Services	Service Hour ^a
	c. Consumer Monitoring Services	Service Hour ^a
	d. Assessment and Evaluation Services	Provider Service Hour

Core Services Taxonomy 7 Comparison Table Explanations

- * Asterisks denote core services listed in § 37.1-194 of the *Code of Virginia*.
- ^a Service Hour for these services (Emergency, Outpatient, Opioid Detoxification, Opioid Treatment, SA Motivational Treatment, Consumer Monitoring Services) includes Provider Service Hour (projected in the Performance Contract) and Provider Service Hour and Consumer Service Hour (each reported separately in the CCS and in Performance Contract Reports).
- ^b Family Support is a revenue source that funds activities in a variety of services (e.g., Case Management, Rehabilitation, and Supervised and Supportive Residential Services) rather than a separate core service subcategory. The revenue and expenses for family support activities would be included in the applicable core service subcategories, but numbers of consumers would not be included separately, since those individuals are already receiving the service in the subcategory (e.g., Case Management, Rehabilitation, and Supervised or Supportive Residential Services, or Consumer Monitoring Services for consumers who are not enrolled in any other service).
- ^c Limited Services is a new Core Service that reflects the very short duration or significantly lesser intensity of the services in the subcategories. Fewer data elements would be collected and reported through the Community Consumer Submission and Performance Contract reports for consumers receiving these services.

Specific explanations below are keyed to the Proposed Core Services Taxonomy 7 services.

1. **Emergency Services:** There are no changes. Emergency Services include Crisis Intervention (Medicaid definition in Taxonomy 6), Short-Term Crisis Counseling (Medicaid definition in Taxonomy 6), and Preadmission Screening Services.
2. **Inpatient Services:** There are no changes, except to add (State Facility) to each subcategory that is provided only in a state facility. This was done primarily to clear up some confusion about ICF/MR Services (2.c.), which some CSBs assumed included community ICF/MR services (these are in Highly Intensive Residential Services).
3. **Outpatient Services:** The eight subcategories are collapsed into four subcategories, with Case Management Services becoming a separate Core Services category (to reflect its significance as one of two mandated services) and two subcategories moved to the new Core Services category of Limited Services. **Probation and Parole** and **Community Corrections Day Reporting Centers** are included in Outpatient Services, not in Limited Services.

Intensive In-Home Services is merged into Outpatient Services (3.a.), since it is outpatient services delivered in a consumer's home. The only reason that this subcategory was originally established was the initiation of Medicaid reimbursement for the service. Information about this service can still be obtained from the Department of Medical Assistance Services.

Medication Only Visits include only consumers who receive only medication monitoring on a periodic (monthly or quarterly) basis from a psychiatrist, other MD, psychiatric nurse, or physician's assistant. These visits are included in Outpatient Services. The Department has identified a minimum set of information for licensing purposes that would be needed to constitute an ISP for medication only consumers.

4. **Case Management Services:** This subcategory in the current Taxonomy 6 (3.f.) is broken out as a new category to reflect its significance as one of two mandated services and its importance in the CSB role of single point of entry into the public MH, MR, and SA services system.
5. **Day Support:** This category is split into two categories in Taxonomy 7 to reflect the significant differences between the two types of services included in that category in Taxonomy 6.

Therapeutic Day Treatment for Children and Adolescents is merged into Day Treatment/ Partial Hospitalization (5.a.), since it is the same service, and the only reason it was originally established was the initiation of Medicaid reimbursement for the service. Information about this service can still be obtained from DMAS and through the CCS.

Rehabilitation is renamed *Rehabilitation/Habilitation* to reflect that orientation in mental retardation services.

6. **Employment Services:** This category is broken out to recognize the differences between employment and day support services.

Supported Employment – Group Model is renamed Group Supported Employment (6.b.).

Transitional or Supported Employment is renamed Individual Supported Employment (6.c.) to more clearly distinguish it from Group Supported Employment, and “Transitional” is deleted from the name (Supported Employment is one of the MH Federal Block Grant Evidence-Based Practices).

7. **Residential Services:** Six subcategories are reduced to five subcategories of core services.

Highly Intensive Residential Services is revised slightly to move Social Detoxification to Limited Services, given the very short duration of this service and the difficulties CSBs experience in collecting all of the CCS data elements on consumers in this service. Substance abuse will no longer reflect any highly intensive residential services.

Family Support is eliminated as a separate subcategory, since it is really only a funding source for activities that occur in other services, such as Case Management, Rehabilitation, and Supervised and Supportive Residential Services, or Consumer Monitoring Services if the consumer is not enrolled in any other services. The revenue and expenses associated with family support activities will be included in those other services, but the consumers will not be counted separately, since they are already receiving those other services. The MR state general funds earmarked for this activity will continue to be identified on the revenue page of the performance contract for information purposes.

8. **Prevention and Early Intervention Services:** There are no changes. Activities should not be included in Prevention or Early Intervention Services that are really Outpatient Services merely to avoid record keeping or licensing requirements, since this exposes the CSB to increased liability and is ethically questionable. **School-Based Interventions** should be included in a CSB’s Prevention, Early Intervention, or Outpatient Services, as appropriate.

Critical Incident Stress Debriefing Services (CISD) are a form of **Prevention Services**, like community outreach services. Individuals receiving CISD services will not be admitted to the CSB, enrolled in a service, or counted as consumers. Service units (service hours) will be collected through the **Z-consumer** function in the CCS.

9. **Limited Services:** The Data Management Committee developed this new Core Services category for CCS 2 to reflect the reality that CSBs are not able to collect many of the CCS data elements for some low intensity or short duration services, and, to avoid confusion, these services are moved to a separate category. Limited Services include the activities that typically are short term (e.g., less than 30 days in duration or four to eight sessions) **or** infrequent **or** low-intensity services.

Also, it should be noted that the Priority Population Criteria, which were developed as part of the now discontinued Performance and Outcomes Measurement System (POMS), in Appendix A of Core Services Taxonomy 6 for Adult Mental Health, Child Mental Health, At-Risk Child Mental Health, Mental Retardation, Cognitive Delay, Early Intervention, Substance Dependence, Substance Abuse, and Substance-Related Violence have been replaced by checklists for Serious Mental Illness, Serious Emotional Disturbance, and At Risk of Serious Emotional Disturbance. Identification of individuals with Mental Retardation, Substance Dependence, and Substance Abuse will be made using DSM IV Axis I or II.